

LOUTH BOROUGH COUNCIL

Annual Report
of the
Medical Officer
of Health
1968

B O R O U G H O F L O U T H

1968

MAYOR
Councillor Mrs. G.M. WILCOX, J.P.

DEPUTY MAYOR
Alderman R.M. CROSS

PUBLIC HEALTH COMMITTEE:

Chairman:
Alderman R. WILKINSON
Vice-Chairman:
Councillor J.E. NICHOLSON

Alderman Cross	Councillor Patience
Alderman Dunham	Councillor Simpson
Councillor Campbell	Councillor Smith
Councillor Everitt	Councillor Ward
Councillor Hutchinson	

HOUSING COMMITTEE:

Chairman:
Councillor D.G.L. MONTGOMERY
Vice-Chairman:
Councillor N.F. SUMMERS

Alderman Starsmore	Councillor Everitt
Councillor Brook	Councillor Fell
Councillor Brumby	Councillor Slingsby
Councillor Dales	Councillor Ward
Councillor Dann	

NORMAN A. RUDD
Barrister-at-Law
Town Clerk



Digitized by the Internet Archive
in 2017 with funding from
Wellcome Library

<https://archive.org/details/b29744167>

TO THE MAYOR, ALDERMEN AND COUNCILLORS
OF THE BOROUGH OF LOUTH

I have the honour to present my Annual Report for the year 1968.

Live births in the year numbered 211. This is the highest number of births for at least the past ten years. When standardised for comparison with the live births in England and Wales, a figure of 20.1 births per thousand of the population is arrived at, compared with 16.9 per thousand population in England and Wales.

Illegitimate births have tended to increase over the past decade, and amounted to 8.5% of the total births. The importance of hygiene lectures, in the widest sense, in primary schools and in the early years in the secondary schools, cannot be stressed too much, as a preventive measure.

Deaths in the Borough numbered 204. This figure is higher than we have come to expect over the past ten years. The increase appears to be due largely to increased deaths in the over 75 age group. When standardised for comparison with deaths in England and Wales, a figure of 14.1 per thousand population is obtained, compared with 11.9 deaths per thousand population in England and Wales. The main source of the increased deaths in the over 75 group appears to be from Coronary Disease and Strokes.

Infant deaths, i.e., deaths in children under 1 year, numbered 4, giving an Infant Mortality Rate for the Borough of 19 per thousand live births. The figure for England and Wales is 18 per thousand live births.

In men, again Coronary Disease of the Heart stands out as the commonest cause of death, and Cerebral Vascular Disease (Strokes) in women. Out of the total of 204 deaths in the year, 121 occurred in the over 75 age group.

Deaths from Malignant Disease numbered 26 which is in keeping with deaths from Malignant Disease in the past five years.

There were no serious outbreaks of Infectious Disease in the Borough. 1968 was not an epidemic year for Measles, so it is not possible as yet to assess the effects of the Measles Vaccination Campaign. One case of respiratory and two cases of non-respiratory T.B. were notified during the year.

In 1968, the health of the town as shown by statistics was satisfactory. We are lucky to live in a town where hazards to health from air pollution are low. While industry is welcomed to the town as a source of employment, the siting and construction of the works must ensure that we are not spoiling the amenities and adding to the health hazards of a pleasant rural market town.

I would like to conclude by stressing that our relative freedom from infectious disease is dependent on the maintenance of a high level of inoculated persons in the community and by the constant watch on the environment that is carried out by the Public Health Inspectors.

I would thus recommend the early inoculation of children against Diphtheria, Whooping Cough, Tetanus, Poliomyelitis, Smallpox, and Measles, and when in their teens, against Tuberculosis.

I would like to thank the Chief Public Health Inspector and his staff for their devoted work through the year, and also the Chairman and Members of the Public Health Committee for their interest in the work of the Health Department.

I remain,
Your obedient Servant,

J.E. LEE

Medical Officer of Health.

BOROUGH OF LOUTH

PUBLIC HEALTH OFFICERS

Medical Officer of Health:
J.E. LEE, M.R.C.S., L.R.C.P., D.P.H.

Senior Public Health Inspector:
J.A.H. BROCKLEBANK, M.R.S.H., M.A.P.H.I.

Additional Public Health Inspector:
E.H. LAND, M.A.P.H.I.

Pupil Public Health Inspector:
P.C. FOWLER

Borough Surveyor:
J.C. BARBER, M.I.MUN.E.

Housing Manager:
I. MAXWELL, A.I.H.M.

SECTION A

Social Conditions and General Statistics

Area of the Borough2812 acres
Estimated mid year population11,470
Density of Population per acre4.08
Number of inhabited houses at end of 1968.4,200
Rateable value of inhabited houses.....£396,452.
Product of Penny Rate.....£1,550.:

The Population of Louth Borough since 1960.

<u>Year</u>	<u>Population</u>
1968	11,440
1967	11,470
1966	11,390
1965	11,390
1964	11,390
1963	11,400
1962	11,390
1961	11,400
1960	11,490

VITAL STATISTICS

BIRTHS

(a) <u>Live</u>	<u>Total</u>	<u>Male</u>	<u>Female</u>
Legitimate	193	100	93
Illegitimate	18	10	8
	<u>211</u>	<u>110</u>	<u>101</u>

Live Birth Rate per 1,000 of estimated population 18.4
Standardised Birth Rate for Comparative purposes 20.1
(Comparability Factor 1.09)
Illegitimate Live Births (per cent of total live births) 8.5

(b) <u>Still Births</u>	<u>Total</u>	<u>Male</u>	<u>Female</u>
Legitimate	2	1	1
Illegitimate	0	0	0
	<u>2</u>	<u>1</u>	<u>1</u>

Still Birth Rate per 1,000 of estimated population: .17
Still Birth Rate per 1,000 (Live and Still) Births: 9.4
Total Live and Still Births:- 213

<u>DEATHS (All Ages)</u>	<u>Total</u>	<u>Male</u>	<u>Female</u>
	204	96	108

Crude Death Rate per 1,000 of estimated population 17.8
Standardised Death Rate (Comparability factor 0.79) 14.1
Ratio of local adjusted death rate to National rate 1.18

INFANT DEATHS

(a) <u>Under 12 months</u>	<u>Male</u>	<u>Female</u>
Legitimate	2	1
Illegitimate	1	0

Infant Mortality Rate per 1,000 of Total Live Births: 19
Infant Mortality Rate per 1,000 Legitimate Births: 15.5
Infant Mortality Rate per 1,000 Illegitimate Births: 55.5

(b) <u>Under 4 weeks</u>	<u>Male</u>	<u>Female</u>
Legitimate	1	0
Illegitimate	1	0

Neo-natal Mortality Rate per 1,000 live births 9.5

(c) <u>Under 1 week</u>	<u>Male</u>	<u>Female</u>
Legitimate	0	0
Illegitimate	0	0

Early Neo-natal Mortality Rate per 1,000 total live births: 0

Perinatal Mortality Rate (still births and deaths under 1 week combined per 1,000 total live and still births) 9.4

Maternal Deaths (including Abortion) 0

Standardised Death Rates for Louth Borough for the Previous Seven Years

Year	Standardised Death Rate (Deaths per 1,000 Standard Population)	Death Rate for England and Wales (per 1,000 population).
1961	11.6	12.0
1962	12.7	11.9
1963	12.3	12.2
1964	10.0	11.3
1965	11.2	11.5
1966	10.8	11.7
1967	11.4	11.2
1968	14.1	11.9

In the Classification of Causes of Death in 1968, the Registrar General started to use a new Classification into causes. In the new Classification, there are 65 causes of death; in the old Classification there were 36 causes. It is thus not possible to directly compare causes of death in 1968 with those in previous years.

The causes of death in 1967 are given under the old Classification and the causes of death in 1968 are given under the new Classification.

<u>CAUSES OF DEATH</u>	1 9 6 7	
	<u>Male</u>	<u>Female</u>
1. Tuberculosis of Respiratory System	1	-
2. Malignant Neoplasm - Stomach	2	3
3. " " - Lung, Bronchus	5	-
4. " " - Breast	-	3
5. " " - Uterus	-	2
6. Other Malignant & Lymphatic Neoplasms	10	7
7. Diabetes	1	3
8. Vascular lesions of nervous system	10	12
9. Coronary Disease, Angina	22	12
10. Hypertension with heart disease	3	1
11. Other heart disease	9	11
12. Other circulatory disease	5	6
13. Pneumonia	8	4
14. Bronchitis	3	2
15. Other diseases of respiratory system	1	1
16. Ulcer of Stomach and Duodenum	1	1
17. Nephritis and Nephrosis	1	-
18. Hyperplasia of Prostate	2	-
19. Other defined and ill-defined diseases	2	12
20. Motor vehicle accidents	2	3
21. All other accidents	2	4
	<hr/>	<hr/>
	90	87
	<hr/>	<hr/>

<u>CAUSES OF DEATH</u>	1 9 6 8	
	<u>Male</u>	<u>Female</u>
1. Other Tuberculosis, including late effects	1	-
2. Malignant Neoplasm - Stomach	3	-
3. " " - Lung, Bronchus	3	2
4. " " - Breast	-	3
5. " " - Uterus	-	1
6. Leukaemia	1	-
7. Other Malignant Neoplasms, etc.	9	5
8. Benign and Unspecified Neoplasms	1	-
9. Diabetes Mellitus	2	-
10. Avitaminoses, etc.	1	-
11. Other Diseases of Nervous System, etc.	1	-
12. Hypertensive Disease	1	6
13. Ischaemic Heart Disease	30	22
14. Other forms of Heart Disease	5	6
15. Cerebrovascular Disease	12	24
16. Other Diseases of Circulatory System	5	7
17. Influenza	-	1
18. Pneumonia	3	11
19. Bronchitis and Emphysema	4	2
20. Asthma	1	-
21. Other Diseases of Respiratory System	1	5
22. Peptic Ulcer	3	1
23. Appendicitis	-	1
24. Intestinal Obstruction and Hernia	-	1
25. Cirrhosis of Liver	1	-
26. Other Diseases of Digestive System	2	2
27. Nephritis and Nephrosis	-	2
28. Other Diseases, Genito-Urinary System	1	2
29. Diseases of Musculo-Skeletal System	-	1
30. Congenital Anomalies	2	-
31. Symptoms and Ill-defined Conditions	-	2
32. All other accidents	2	1
33. Suicide and Self-Inflicted Injuries	1	-
	<hr/>	<hr/>
	96	108
	<hr/>	<hr/>

Table 1. Ages at Death for 1968.

Ages in Years	0/1	1/5	5/15	15/25	25/35	35/45	45/55	55/65	65/75	75+	Total
Deaths	4	0	1	0	1	3	7	28	39	121	204

Table 2. Table showing ages at death during the past 5 years and the average for that period compared with 1968.

Year	0/1 yrs.	1/5 yrs.	5/15 yrs.	15/25 yrs.	25/35 yrs.	35/45 yrs.	45/55 yrs.	55/65 yrs.	65/75 yrs.	75+ yrs.	Total
1967	2	1	2	2	1	1	8	14	41	105	177
1966	0	3	0	1	0	4	6	15	42	87	158
1965	5	0	1	2	2	3	4	30	29	86	162
1964	5	1	0	3	1	2	2	20	44	63	141
1963	5	0	0	1	1	3	6	24	31	102	173
Average Nos.	3.4	1.0	0.6	1.8	1.0	2.6	5.2	20.6	37.4	88.6	162.2
1968	4	0	1	0	1	3	7	28	39	121	204

Table 3. Anatomical Sites of Malignant Neoplasms.

Site	Male	Female	Total
Stomach	3	0	3
Lung, Bronchus	3	2	5
Breast	-	3	3
Uterus	-	1	1
Other sites	9	5	14
	<u>15</u>	<u>11</u>	<u>26</u>

Table 4. Deaths from Malignant Neoplasms.

Site	1968	1967	1966	1965	1964	1963
Stomach	3	5	2	4	4	3
Lung, Bronchus	5	5	4	2	5	6
Uterus	1	2	2	3	0	0
Breast	3	3	1	1	3	3
Other sites	14	17	15	9	12	15
Total	26	32	24	19	24	27

Prevalence of Infectious Diseases.

Infectious Diseases other than Tuberculosis notified during 1968.

Measles - 18
Dysentery - 1
Acute Influenzal Pneumonia - 1) Became no longer notifiable
Erysipilas - 1) after 1st October, 1968.

Tuberculosis New Cases and Mortality During 1968.

<u>New Cases</u>				<u>Deaths</u>			
<u>Respiratory</u>		<u>Non-Respiratory</u>		<u>Respiratory</u>		<u>Non-Respiratory</u>	
M	F	M	F	M	F	M	F
1	0	1	1	0	0	1	0

SECTION B

GENERAL PROVISIONS OF HEALTH SERVICES IN THE AREA

LABORATORY FACILITIES

These are provided by the Public Health Laboratory at Lincoln. Samples of water, milk, ice cream and other items are subjected to bacteriological testing. I would like to thank Dr. J.M. Croll and his staff for their prompt assistance on many occasions.

TREATMENT CENTRES AND CLINICS

The following Clinic services are provided by the County Council and by the Regional Hospital Board towards meeting local needs in the preventive and treatment branches of medicine.

A - Clinics at the County Council's premises, 32, Queen Street, Louth.

School Children:

1st, 3rd and 5th Wednesday afternoons in the month.
Immunisations and Medical examinations.

Child Welfare:

Child Health Clinic	Each Tuesday 2 p.m. to 5 p.m.
Toddlers	Wednesday 9 a.m. to 12 noon.
	Tuesdays (2nd and 4th) 9 a.m. to 12 noon.
Ante-natal Mothercraft and Relaxation	Wednesday 2.30 p.m.
Dental	By appointment.
Chiropody	Wednesdays and Fridays 10 a.m. and 2 p.m. by appointment.
Child Psychiatry	Thursday 10 a.m. and 2 p.m.
	1st Monday in month 9 a.m. to 6 p.m.
Speech Therapy	Wednesday all day, 9 a.m. to 5 p.m.
Mental Welfare Officer	Wednesday 9 a.m.
Welfare Foods	Daily.

The Clinic is also used by the Family Planning Association and there are sessions on Monday (2nd and 4th in month) at 7 p.m.

B - At the Local Hospitals.

County Hospital, Louth - Out Patient Clinics.

<u>Mondays:</u>	Orthopaedic	9.00 a.m. to 10.30 a.m.
	Ophthalmology	9.30 a.m.
	General Surgery	10.30 a.m.
	Dermatology	2.00 p.m.
	Ante Natal	2.30 p.m.

<u>Tuesdays:</u>	Dental	2.00 p.m.
	General Surgery	2.00 p.m.
	Psychiatry	9.30 a.m. (alternate Tuesdays).
	School Eye Clinic	10.00 a.m. (1st and 3rd Tuesdays).
	Ophthalmology	10.00 a.m. (2nd and 4th Tuesdays).
<u>Wednesdays:</u>	General Medicine	9.00 a.m. (except first Wednesday in month).
	Chest Diseases	9.00 a.m.
	Orthopaedic	1.30 p.m. (except first in month).
	Paediatric	9.00 a.m. (1st in month only).
		2.00 p.m. weekly.
	Ante Natal	2.00 p.m. (1st in month only).
	School Eye Clinic	2.00 p.m.
<u>Thursdays:</u>	Ear, Nose and Throat	9.30 a.m.
	Radiotherapy	11.00 a.m. (alternate Thursdays).
	Gynaecology	2.00 p.m.
	Orthodontic	10.00 a.m. <u>Queen Street Clinic, Louth.</u>
<u>Fridays:</u>	Orthopaedic	9.00 a.m.
	General Medicine	10.00 a.m.
	General Medicine	2.00 p.m. (except 1st in month).
	Diabetics	2.00 p.m. (1st in month).
	General Surgery	2.30 p.m.
	Radiology	
	Pathology	

The Louth Health Clinic.

The Clinic is the local headquarters for the services run by the Lindsey County Council. These include a Clinic for babies and toddlers where the mother is advised about care of the child and where its subsequent development can be kept under review up to the age of five years.

Immunisation is offered against Diphtheria, Whooping Cough, Tetanus, Poliomyelitis and Smallpox, and against Measles for certain age groups.

We are fortunate to have a Speech Therapist once more, and the calls on her services are extensive. She treats cases of defective speech found at Infant Welfare Clinics, Schools, and also cases referred by the hospital consultants.

A Child Guidance service is provided at the Clinic. Children who are experiencing emotional difficulties at school or at pre school age are seen with their parents and an effort is made to modify the influences which are affecting them adversely. This requires close co-operation between the child Psychiatrist, the Psychiatric social worker, and the Educational Psychologist. As with many medical services, there appears to be an ever increasing call on this service.

The Mental Welfare Officers play an important part in helping those persons who have been under treatment for Psychiatric Disorders and who by friendly visiting and assistance in obtaining employment, can be helped to resume their normal activities.

The demand for the Chiropody service increases monthly among the elderly. Great credit is due to Mr. Webb who after being ill for a considerable period has had the task of catching up the backlog of patients.

The Clinic also forms the headquarters for the area for its District Nurses and Midwives who are available to assist the Family Doctors, under the direction of the Area Nursing Officer.

The Health Visitors also for the neighbouring areas are based at the Clinic. They play an invaluable part in detecting medical and social ills and seeing that they are dealt with, and in giving advice on medical matters.

The Clinic provides a Dental Service for school children and expectant mothers in the area. For those children who have abnormal jaw and tooth formations, treatment is provided by visiting orthodontists.

ENVIRONMENTAL HEALTH SERVICES.

The mains water supply is supplied by the East Lincolnshire Water Board and is good in quality and quantity. There has been an occasional complaint concerning the taste of the water which is due to compounds formed by the chlorine with the pipes. This only occurs in parts of the town where there are cul-de-sacs in the pipes, and it is hoped to prevent this by further pipe laying to enable a continuous flushing of the pipes.

There is no trouble from plumbo-solvency. The natural fluoride content is low (Fluoride as Fluorine .08 parts/million).

One hundred and eighteen samples were taken from the mains supply, and all were satisfactory. One sample was taken from a private supply and this was satisfactory.

There are 4,348 houses supplied from the public mains in the house and 23 on mains supply with a stand pipe or outside tap. There are two houses with water supplies from private sources.

The sewage disposal facilities are good. The sewage disposal works has recently been extended. There are 4,362 houses with W.C.'s in the Borough and 11 with pail closets.

BOROUGH OF LOUTH

REPORT OF SENIOR PUBLIC HEALTH INSPECTOR

1968

J.A.H. BROCKLEBANK, M.A.P.H.I.,
Senior Public Health Inspector.

Town Hall, Louth.
August, 1969.

Mr. Mayor, Ladies and Gentlemen,

My report for 1968 on public health inspection and those sanitary services for which I am responsible appears on the following pages.

There is little to add to the detailed comment which is included in the various sections of the report with the exception of that part dealing with house refuse collection.

In 1967, the Council postponed for twelve months, a pilot scheme for the introduction of a paper sack system of refuse collection. This was considered at the end of 1968 and again postponed.

The two arguments put forward in my original report were the hygienic advantages and the possible saving in man-power. A third argument which at that time appeared less important, was the need to make refuse collection less unpleasant and more attractive to local labour that might otherwise seek better paid employment outside the town.

In the last year a number of refuse collectors have left the Council's employment and more difficulty is being experienced in replacing them.

This problem of labour turn-over is not serious when compared with the labour situation in the industrial areas, but if it continues it will affect the efficiency of the refuse collection service.

Therefore, I recommend the Council to consider this matter very seriously when the paper sack method of refuse collection is reviewed, as its introduction is most desirable on the three grounds of hygiene, economy in the use of man power, and in the recruitment of an efficient and permanent staff.

J. BROCKLEBANK.

Senior Public Health Inspector.

Report of Senior Public Health Inspector
for the year 1968.

1. WATER SAMPLING.

Bacteriological Examination

118 samples from the public supply were submitted for bacteriological examination and all were reported to be satisfactory. One sample from a private bore was examined with similar results.

21 samples of water from the Council's swimming bath were also taken. All were reported to be satisfactory.

2. FOOD CONTROL.

Inspection of Premises - Food Hygiene Regulations

337 visits of inspection were made to food premises during the year. 29 contraventions were noted during the visits and were remedied informally.

Market Stalls

During the year, the Council considered the possibility of providing more stallage space. Negotiations are taking place with a 'bus company which if successfully concluded will make additional space available in the main Market Place. This will make possible the re-siting of the food stalls as was suggested in the Report for 1967.

Washing facilities in Food Premises

As requested in paragraph 8 (b) of Circular No. 1/69 of the Department of Health and Social Security, the following information relating to washing facilities in food premises is given.

A.	<u>Premises Licenced for the Sale of Ice Cream.</u> In most cases the sale of ice cream is subsidiary to the main business such as confectioner, general grocer, sweets and tobacco, etc.	
	Number of premises	50
	Number of premises fitted with wash hand basins, hot and cold water, etc. (Regulation 16)	50
	Number of premises from which open food is sold where sinks for washing food or equipment are required (Regulation 19)	36
	Number of such premises fitted with sinks	36
B.	<u>Bakehouses.</u> These include bakehouses with bakers and confectioners shops attached.	
	Number of premises	5
	Number of premises fitted with wash hand basins, hot and cold water, etc. (Regulation 16)	5
	Number of premises from which open food is sold where sinks for washing food or equipment are required (Regulation 19)	5
	Number of such premises fitted with sinks	5
C.	<u>Meat Products Manufacturers.</u>	
	Number of premises	9
	Number of premises fitted with wash hand basins, hot and cold water, etc. (Regulation 16)	9
	Number of premises from which open food is sold where sinks for washing food or equipment are required (Regulation 19)	9
	Number of such premises fitted with sinks	9

D. Catering Establishments. These include fish friers' premises which have dining rooms attached.

Number of premises	24
Number of premises fitted with wash hand basins, hot and cold water, etc. (Regulation 16)	24
Number of premises from which open food is sold where sinks for washing food or equipment are required (Regulation 19)	24
Number of such premises fitted with sinks	24

E. Other Food Premises. These include butchers, wet fish shops, confectioners, greengrocers, general grocers, and poultry shops.

Number of premises	49
Number of premises fitted with wash hand basins, hot and cold water, etc. (Regulation 16)	49
Number of premises from which open food is sold where sinks for washing food or equipment are required (Regulation 19)	31
Number of such premises fitted with sinks	31

Poultry Hygiene and Inspection

The production of dressed poultry has remained unchanged during the year at approximately 30,000 head. The type of birds processed are almost exclusively hens, which are purchased from local farms. There are no large units processing broiler chickens.

Regular visits have been made during the year to the premises for general inspections. About one per cent of birds rejected as unfit for human consumption.

One business has been transferred from old premises which had proved difficult to maintain and impossible to improve, to new premises where higher standards can more easily be achieved.

Meat Inspection - Carcasses and Offal Inspected.

	Cattle excluding Cows	Cows	Calves	Sheep & Lambs	Pigs
Number killed (if known)	1702	200	71	3963	6293
Number inspected	1702	200	71	3963	6293
All diseases except Tuberculosis and Cysticerci					
Whole carcasses condemned	14	69	28	69	39
Carcasses of which some part or organ was condemned	111	30	4	70	739
Percentage of the number inspected affected with disease other than tuberculosis and cysticerci	7.3%	49.5%	45.0%	3.5%	12.3%
Tuberculosis only					
Whole carcasses condemned	-	-	-	-	-
Carcasses of which some part or organ was condemned	1	-	-	-	39
Percentage of the number inspected affected with tuberculosis	.05%	-	-	-	0.5%
Cysticerosis					
Carcasses of which some part or organ was condemned	1	-	-	-	-
Carcasses submitted to treatment by refrigeration	1	-	-	-	-
Generalised and totally condemned	-	-	-	-	-

Slaughterhouse Throughput

When the figures given above are compared with those for 1967, it will be seen that there has been a further reduction in the throughput of the slaughterhouses of about fifteen per cent. This reduction is mainly due to the closing of one slaughterhouse, leaving six still in use.

Slaughterhouse Hygiene

With the continued decline in the throughput of the slaughterhouses, some occupiers are finding it increasingly difficult and costly to maintain those standards of cleanliness and hygiene which recent research has shown to be essential. None of the slaughterhouses are used to their full capacity throughout the week, and in some cases only part-time slaughtermen are employed. Sufficient labour to ensure adequate and regular cleaning is expensive and scarce.

Although it is easy to be wise after the event and while I hesitate to criticise decisions in the making of which I was not involved, it seems a pity that at the end of the control of the meat industry in 1954, the Council on the one hand, or the local butchers on the other, could not have made provision for some concentration of slaughtering facilities in the town.

In many places the local authority took over premises from the Ministry of Food and managed them as municipal slaughterhouses. In other places, local butchers joined together and provided and managed a central slaughterhouse.

Had either of these courses been adopted, the Council would have benefitted by a reduction in the time spent by their officers on meat inspection duties, as the meat inspector would have done his job without having to travel from one small slaughterhouse to another, and one would have thought that in the long term, the butchers would have benefitted by sharing the cost of one central establishment rather than by providing seven slaughterhouses and the necessary equipment, none of which is now being used to the full capacity while all of them are becoming increasingly costly to maintain.

3. HOUSING.

Inspection of Dwellinghouses

1. Total number of houses inspected for housing defects
(under Public Health or Housing Acts) 22
2. Number of inspections made for the purpose 76

Remedy of Defects

1. Number of houses rendered fit in consequence of
informal action 7

Slum Clearance - Procedure under the Housing Acts

1. Number of houses demolished in pursuance of
Demolition Orders 2
2. Number of houses subject to Closing Orders 1
3. Number of houses included in confirmed Clearance
Orders 33
4. Houses voluntarily closed by owner 1

Improvement Grants

1. Standard Grant:
 - (a) Applications received 7
 - (b) Houses subject to grant 9
2. Discretionary Grant:
 - (a) Applications received 12
 - (b) Houses subject to grant 8

Housing Survey

A sample survey of approximately 1,000 houses was undertaken during the year in order to assess the number of houses which were suitable for improvement with the help of grants, and also to ascertain the number of houses where such improvements did not appear practicable in the light of the standards and financial limitations in force at the time of the survey.

The following table gives the estimated numbers of houses in the Borough which the survey showed to be either suitable for improvement or not suitable and ultimately to be considered to be unfit for human habitation, and dealt with accordingly.

With this information as a basis, the Council should formulate a policy for the systematic improvement of houses within the powers expected to be included in the housing legislation at present before Parliament.

	<u>House Improvement Survey</u>		
	Total	Owner-occupied	Tenanted
Number of houses suitable for improvement	550	336	214
Number of houses not suitable for improvement and ultimately unfit	248	101	147

Clearance Areas

The Compulsory Purchase Orders made in respect of four Clearance Areas containing 33 houses were confirmed during the year. The occupiers are being re-housed mainly in the smaller pre-war Council houses as vacancies occur. No difficulty in re-housing the occupiers of these houses in this way is anticipated.

4. REFUSE COLLECTION AND DISPOSAL; NUISANCES; RODENT CONTROL.

House Refuse

The volume of refuse to be collected and disposed of again increased during the year due to the completion of 185 new houses and the present trend towards heating systems using other than solid fuels.

The delivery of a 35 cubic yard compression type refuse collection vehicle in April provided additional collecting capacity and enabled the collection rounds to be reorganised and a regular weekly collection to be maintained.

Industrial Refuse

In July, an industrial refuse collection service was introduced on an experimental basis to serve a number of factories where polythene film, cardboard cartons, and similar materials were manufactured. A second-hand lorry was purchased and modified for this purpose. Regular collections were made and the cost of the service was paid by the factory managements.

After a six month trial period, the factory managements agreed to continue to make use of the service and it was put on a permanent basis. A new vehicle has been ordered and delivery is expected early in 1969.

Removal and Disposal of Abandoned Vehicles, Civic Amenities Act, 1967

Twenty-seven motor vehicles which appeared to have been abandoned by their owners were dealt with informally under the provisions of the above-named Act.

In every case, the vehicle had remained in the same place for at least four weeks, the excise licence had expired, and there was evidence of neglect such as deflated tyres and parts being removed. A letter was sent to the owner of each vehicle pointing out that it was an offence to abandon the vehicle and requesting him to remove the vehicle from the site. At the same time, the Council's service for the disposal of motor vehicles was offered to the owner.

In the majority of cases the cars were removed by the owners and were disposed of by them, and in other cases the vehicles were taken to the Council's refuse tip, where salvageable metal parts were removed and the shell cut up into pieces and buried. The details of the action taken are shown in the following table :-

Abandoned Vehicles, 1968.

No. of vehicles which appeared to have been abandoned	27
No. removed by owner after informal approach	18
No. delivered to tip by owner for disposal	3
No. removed to tip by Council for disposal	4
No. shown not to be abandoned and brought into use	2

Nuisances

Details of nuisances dealt with informally during the year are shown in the table below :-

Refuse	17
Foul ditches, ponds, etc.....	1
Drainage	72
Dangerous premises	1
Miscellaneous	5

Rodent Control

40 infested dwellinghouses and 29 other premises were treated by the Council's operative during the year. A complete survey of agricultural premises was carried out in the autumn. Premises found to be infested were treated either by the Council's operative or by the occupier of the premises under the supervision of the operative.

Twelve groups of permanent baiting points have been established along the River Lud and in relation to two areas which have been subject to chronic infestation and re-infestation from the surrounding countryside. Although there are indications that these groups of points are reducing the incidence of infestations in the particular areas, it is too early yet to draw firm conclusions.

5. FACTORIES ACT.

Premises	Number on Register	Number of		
		Inspections	Written Notices	Occupiers prosecuted
(i) Factories in which Sections 1,2,3,4 and 6 are to be enforced by Local Authorities	6	9	-	-
(ii) Factories not included in (i) in which Section 7 is enforced by the Local Authority	84	24	2	-
(iii) Other premises in which Section 7 is enforced by the Local Authority(excluding out-workers' premises)	3	4	-	-
TOTAL	93	37	2	-

Particulars	Number of cases in which defects were found				Number of cases in which prosecutions were instituted
	Found	Remedied	Referred		
			To H.M. Inspector	By H.M. Inspector	
Sanitary Conveniences (S.7) -					
(a) Insufficient	-	-	-	-	-
(b) Unsuitable or defective	2	2	-	-	-
(c) Not separate for sexes	-	-	-	-	-
Other offences against the Act (not including offences relating to outwork	-	-	-	-	-
TOTAL	2	2	-	-	-

6. OFFICES, SHOPS AND RAILWAY PREMISES ACT, 1963.

Registration

237 premises were registered under the provisions of the Act at the end of the year.

Inspections

63 general inspections of registered premises were carried out during the year, including 17 inspections of newly registered premises. Visits were also made to check the progress of work to remedy defects and for other incidental purposes.

The total number of visits to registered premises for all purposes during the year was 231.

Accidents

Four minor accidents to employees have been reported and investigated during the year. None has been caused by any structural defect or defect in fittings or equipment.

Remedying of Contraventions

Thirty-seven contraventions of the Act have been remedied during the year. The details are given below.

1. Insufficient sanitary accommodation	2
2. Defective sanitary accommodation repaired	3
3. Inadequate ventilation to sanitary accommodation	1
4. Inadequate lighting to sanitary accommodation	5
5. Insufficient water supply	1
6. No hot water supply and washing facilities	7
7. Inadequate ventilation	1
8. Inadequate heating	1
9. No handrail to staircase	3
10. Walls, ceilings, floors, etc., dirty	6
11. No first-aid box	4
12. No Form O.S.R.9 b. provided	3

